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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	CRD5080USNP0	
	First Named Inventor	Jason R. Sullivan et al.	
	<b>COMPLETE IF KNOWN</b>		
	Application Number	10/592,908	
	Filing Date	September 15, 2006	
	Group Art Unit		
	Examiner Name		

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ASYMMETRICAL MEDICAL FILTER**

The specification of which

☐ is attached hereto

**OR**

☒ was filed on September 15, 2006 as United States Application Number 10/592,908 or PCT International Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as Amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2005/012877	PCT	04/16/2005	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

### DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/563,058	04/16/2004	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status

I hereby appoint:

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AND

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Michael W. Montgomery at telephone number (786) 313-2922.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

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Address:

City:

State:

ZIP

Country

Telephone:

Fax:

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**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Jason R.

**Family Name**  
or Surname Sullivan

**Inventor's**  
**Signature**

**Date**

**Residence: City** Lebanon

**State** NJ

**Country** US

**Citizenship** US

**Mailing Address** 8 Hayton Road

**City** Lebanon

**State** NJ

**ZIP** 08833

**Country** US

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**NAME OF SECOND INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any]) Wai Chung Jonathan

**Family Name**  
or Surname Wong

**Inventor's**  
**Signature**

**Date**

1/8/2007

**Residence: City** Chino Hills

**State** CA

**Country** US

**Citizenship** CA

**Mailing Address** 4207 Foxrun Drive

**City** Chino Hills

**State** CA

**ZIP** 91709

**Country** US

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**NAME OF THIRD INVENTOR:**

☐ A petition has been filed for this unsigned inventor

**Given Name**  
(first and middle [if any])

**Family Name**  
or Surname

**Inventor's**  
**Signature**

**Date**

**Residence: City**

**State**

**Country**

**Citizenship**

**Mailing Address**

**City**

**State**

**ZIP**

**Country**

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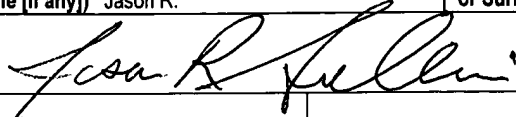
NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Jason R.

Family Name  
or Surname Sullivan

Inventor's  
Signature



Date

1/4/07

Residence: City Lebanon

State NJ

Country US

Citizenship US

Mailing Address 8 Hayton Road

City Lebanon

State NJ

ZIP 08833

Country US

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Wai Chung Jonathan

Family Name  
or Surname Wong

Inventor's  
Signature

Date

\* Residence: City Chino Hills

State CA

Country US

Citizenship CA

Mailing Address 6485 Dickens Street Unit 77

City Chino Hills

State CA

ZIP 91709

Country US

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Family Name  
or Surname

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

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